

Summary of Health Plan Features

HMO PLAN			PPO PLAN				HDHP PLAN			
				In-Network		Out-of-Network		NEW High Deductible Health Plan		
			Deductible	NO CHANGE					In-Network	Out-of-Network
Deductible	NEW*	Previous	Individual	\$500.00		\$1,000.00		Deductible		
Individual	\$250.00	\$100.00	Family	\$1,250.00		\$2,500.00		Individual	\$1,250.00	\$2,500.00
Family	\$750.00	\$300.00	Out-Of Pocket Maximum	NEW*	Previous	NEW*	Previous	Family	\$2,500.00	\$5,000.00
Out-Of Pocket Maximum	NEW*	Previous	Individual	\$2,500.00	\$1,400.00	\$3,000.00	\$2,000.00	Out-Of Pocket Maximum		
Individual	\$2,000.00	\$1,100.00	Family	\$5,000.00	\$4,300.00	\$6,000.00	\$5,000.00	Individual	\$3,000.00	\$3,000.00
Family	\$4,000.00	\$3,600.00	Office Visit	NO CHANGE				Family	\$6,000.00	\$12,000.00
Office Visit	NO CHANGE		PCP	10%		30%		Office Visit		
PCP	\$30.00		Specialist	10%		30%		PCP	20%	40%
Specialist	\$40.00		Hospital Care	NO CHANGE				Specialist	20%	40%
Hospital Care	NO CHANGE		Inpatient	10%		30%		Hospital Care		
Inpatient	\$250 per day/ max \$750		Outpatient	10%		30%		Inpatient	20%	40%
Outpatient	\$100		Emergency Room	10%		30%		Outpatient	20%	40%
Emergency Room	\$100		Preventative	100% Covered		30%		Emergency Room	20%	40%
Preventative	100% Covered		Prescription Drug	NO CHANGE				Preventative	100% Covered	40%
Prescription Drug	NO CHANGE		Retail	Generic: \$10 Brand Formulary: \$25 Brand Non-Formulary: \$45				Prescription Drug		
Retail	Generic: \$10 Brand Formulary: \$25 Brand Non-Formulary: \$45		Mail	Generic: \$20 Brand Formulary: \$50 Brand Non-Formulary: \$90				Retail	Generic: 20% Brand Formulary: 20% Brand Non-Formulary: 20%	
Mail	Generic: \$20 Brand Formulary: \$50 Brand Non-Formulary: \$90							Mail	Generic: 20% Brand Formulary: 20% Brand Non-Formulary: 20%	

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Co-pays are now counted toward deductions and out-of-pocket maximums